

GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I

INSTRUCTIONS

1. To change information for existing accounts:
 - a. Complete section II with the type of request. *****Fill in only the applicable fields to be updated.*****
 - b. Fill in the individual Government Card number : _____
 - c. Fill in the cardholder's name as it appears on his/her Government Card: _____
2. Approved copy to be maintained in Agency/Organization Program Coordinators files.
3. Fax to (301) 413-3066
4. All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.

SECTION II

TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)

- | | |
|--|---|
| <input type="checkbox"/> A. Cardholder Information Change (Section III) | <input type="checkbox"/> F. Cash Advance Limit Change (Section V) |
| <input type="checkbox"/> B. Hierarchy Change (Section IV) | <input type="checkbox"/> G. Number of Transactions Limit Change (Section V) |
| <input type="checkbox"/> C. MCC/Blocking Change (Section V) | <input type="checkbox"/> H. Account Closure (Section VI) |
| <input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V) | <input type="checkbox"/> I. Other Changes: _____ |
| <input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V) | |

SECTION III

CARDHOLDER INFORMATION (Please Print)

*Last Name of Cardholder USDOC/NOAA	First Name	Middle Initial (maximum 20 characters)
Agency/Organization Name (maximum 24 characters) N/A		
*4th Line Embossing (maximum 20 characters)	Social Security Number ()	
Home Mailing Street Address Line 1 (maximum 36 characters)		Home Phone
Home Mailing Street Address Line 2 (maximum 36 characters)		
City	State	Zip Code Country ()
Business Mailing Street Address Line 1 (maximum 36 characters)		Business Phone
Business Mailing Street Address Line 2 (maximum 36 characters)		City Pair Program
City	State	Zip Code Country
Email Address () N/A		

SECTION IV

REPORTING PARAMETERS

Current Reporting Hierarchy:	_____
New Reporting Hierarchy:	_____
New Card Delivery ID#:	_____ (maximum 5 characters)

SECTION V

AUTHORIZATION PARAMETERS

New Dollars per Cycle Limit \$ _____	Convenience Checks (Purchase): Y _____ N _____	2 Books _____	6 Books _____
New Dollars per Transaction Limit: \$ _____			
If eligible for Convenience Checks, maximum payment amount equals \$ _____			
New Number of Transactions per: Cycle: _____	Day: _____	ATM Access: Y _____ N _____	Access Limit: Daily \$ _____, Weekly \$ _____, Cycle \$ _____
New MCC Template Name: _____		Travellers Cheques (Travel): Y _____ N _____	

SECTION VI

ACCOUNT CLOSURE INSTRUCTIONS

1. A/OPC needs to advise cardholder to destroy their card(s).
2. A/OPC needs to advise cardholder to destroy any unused convenience checks.

SECTION VII

AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

Approving Agency/Organization Program Coordinator's Signature _____ Date _____